

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3		2					53						
4		1					54						
5		1					55						
6		2					56						
7		2					57						
8		2					58						
9		2					59						
10		2					60						
11		2					61						
12		2					62						
13		2					63						
14		2					64						
15		2					65						
16		2					66						
17		2					67						
18		2					68						
19		2					69						
20		2					70						
21		2					71						
22		2					72						
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25		2					75						
26		2					76						
27		2					77						
28		2					78						
29		2					79						
30		2					80						
31		2					81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	24						TOTAL DEP.						
TOTAL CLAIMS	26						TOTAL CLAIMS						